

**Fill in this information to identify the case:**

Debtor name J.P.R. Mechanical Inc.  
United States Bankruptcy Court for the: Southern District of New York  
Case number (if known): 19-23480 (State)

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>866,453.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>46,838,194.51</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>47,704,647.51</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>0.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> .....	+\$ <u>22,962,474.68</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>22,962,474.68</u>

## Fill in this information to identify the case:

Debtor name J.P.R. Mechanical Inc.United States Bankruptcy Court for the: Southern District of New YorkCase number (if known): 19-23480☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets — Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

## Current value of debtor's interest

## 2. Cash on hand

\$ 0.00

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Dime Bank	Checking	8 7 7 9	\$ 494,700.29
3.2. See continuation sheet			\$ 7,223,493.94

## 4. Other cash equivalents (Identify all)

4.1.		\$
4.2.		\$

## 5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 7,718,194.23

## Part 2: Deposits and prepayments

## 6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

## Current value of debtor's interest

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. Security Deposit for 429-433 E 164th Street with Action Paper Co. Inc.	\$ 19,095.00
7.2. See continuation sheet	\$ 101,666.67

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**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ 120,761.67

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 17,674,429.94 - 0.00 = ..... → \$ 17,674,429.94  
face amount doubtful or uncollectible accounts11b. Over 90 days old: 17,894,434.67 - 0.00 = ..... → \$ 17,894,434.67  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 35,568,864.61

**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method  
used for current value****Current value of debtor's  
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

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**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b> To Be Provided	MM / DD / YYYY	\$		0.00
<b>20. Work in progress</b>	MM / DD / YYYY	\$		\$
<b>21. Finished goods, including goods held for resale</b>	MM / DD / YYYY	\$		\$
<b>22. Other inventory or supplies</b>	MM / DD / YYYY	\$		\$
<b>23. Total of Part 5</b> Add lines 19 through 22. Copy the total to line 84.				0.00

**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☒ Yes. Book value 10,000.00 Valuation method Current value 0.00

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>	\$		\$
<b>29. Farm animals</b> Examples: Livestock, poultry, farm-raised fish	\$		\$
<b>30. Farm machinery and equipment</b> (Other than titled motor vehicles)	\$		\$
<b>31. Farm and fishing supplies, chemicals, and feed</b>	\$		\$
<b>32. Other farming and fishing-related property not already listed in Part 6</b>	\$		\$

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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> Miscellaneous Office Furniture	\$ 5,000.00		\$ 5,000.00
40. <b>Office fixtures</b>	\$ _____		\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> Miscellaneous Office Furniture	\$ 83,529.00		\$ 64,034.00
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 69,034.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

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**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 2018 Hino Flatbed	\$ 130,770.00		\$ 27,492.00
47.2 2018 Hino	\$ 101,707.00		\$ 28,548.00
47.3 2018 Boom Truck Ken T370	\$ 265,233.00		\$ 82,113.00
47.4 See continuation sheet	\$ 251,011.00		\$ 158,807.00
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
<b>49. Aircraft and accessories</b>			
49.1	\$		\$
49.2	\$		\$
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> Miscellaneous Construction Machinery & Equipment			
	\$ 2,484,380.00		\$ 2,484,380.00
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ 2,781,340.00

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

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**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 441 E. 164th Street Bronx, NY 10456	Lease			\$ 0.00
55.2 434 E 164th Street Bronx, NY 10456	Lease	\$ _____	_____	\$ 0.00
55.3 See continuation sheet		\$ 866,453.00		\$ 866,453.00
<b>56. Total of Part 9.</b> Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				\$ 866,453.00

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
- ☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	Unknown
<b>66. Total of Part 10.</b> Add lines 60 through 65. Copy the total to line 89.			\$ 0.00

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Possible NYC refund for tax credits

_____	Tax year 2018	\$ Unknown
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

See continuation sheet

\_\_\_\_\_ \$ 580,000.00

Nature of claim

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

**\$ 580,000.00**

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes



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Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 7,718,194.23	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 120,761.67	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 35,568,864.61	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 69,034.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 2,781,340.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> →		\$ 866,453.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ 580,000.00	
91. <b>Total.</b> Add lines 80 through 90 for each column. .... 91a.	\$ 46,838,194.51	+ 91b. \$ 866,453.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. .... 47,704,647.51		\$ 47,704,647.51

Debtor 1 J.P.R. Mechanical Inc.

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First Name Middle Name Last Name

Case number (if known)

**Continuation Sheet for Official Form 206 A/B**

**3) Checking, savings, money market, or financial brokerage accounts**

Dime Bank Checking

Balance: 7,223,493.94

Signature Bank Checking 6727

Balance: 0.00

**7) Deposits, including security deposits and utility deposits**

Security Deposit for 434 E 164th \$47,783.33  
Street with A&I Realty

Security Deposit for 441 E 164th \$53,883.34  
Street with A&I Realty

**47) Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

2017 Hino 97,789.00 44,750.00

2017 Hino 92,351.00 53,186.00

2011 Mercedes 60,871.00 60,871.00  
M2CA170

**55) Real property**

429-441 E 164th 866,453.00 866,453.00  
Street  
Bronx, NY 10456

**Leasehold**

255 Main Street, 0.00  
2nd Floor  
New Rochelle, NY  
10804

**Lease**

**74) Causes of action against third parties (whether or not a lawsuit has been filed)**

Signature Bank for money owed 180,000.00 180,000.00  
reversing employer  
payroll

Dime Bank for money owed 400,000.00 400,000.00  
reversing employer  
payroll

**Fill in this information to identify the case:**

Debtor name J.P.R. Mechanical Inc.  
 United States Bankruptcy Court for the: Southern District of New York  
 Case number (if known): 19-23480

☐ Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

**2.1 Creditor's name**  
Advanced Service Group LLC  
**Creditor's mailing address**  
2-01 50th Avenue  
Long Island City, NY 11101  
**Creditor's email address, if known**  
 \_\_\_\_\_  
**Date debt was incurred** \_\_\_\_\_  
**Last 4 digits of account number** \_\_\_\_\_  
**Do multiple creditors have an interest in the same property?**  
☒ No  
☐ Yes. Specify each creditor, including this creditor,  
 \_\_\_\_\_

**Describe debtor's property that is subject to a lien**

\_\_\_\_\_

\$ Unknown\$ Unknown**Describe the lien**Blanket Lien**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Is anyone else liable on this claim?**

- ☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.2 Creditor's name**  
BMO Harris Bank NA  
**Creditor's mailing address**  
300 E John carpenter FWY  
Irving, TX 75062  
**Creditor's email address, if known**  
 \_\_\_\_\_  
**Date debt was incurred** \_\_\_\_\_  
**Last 4 digits of account number** \_\_\_\_\_  
**Do multiple creditors have an interest in the same property?**  
☒ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe debtor's property that is subject to a lien**UCC-1 Filed 1-11-2018\$ Unknown\$ Unknown**Describe the lien**Equipment Lien**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Is anyone else liable on this claim?**

- ☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$ 0.00

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.3** **Creditor's name**  
Commercial Capital Company, LLC

**Describe debtor's property that is subject to a lien**

UCC-1 Filed 10-14-2016

\$Unknown

\$

**Creditor's mailing address**

8215 Melrose Drive  
Shawnee Mission, KS 66214

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

**Describe the lien**

Equipment Lien

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines

**2.4** **Creditor's name**  
CT Corporation System

**Describe debtor's property that is subject to a lien**

UCC-1 Filed 6/27/2019

\$Unknown

\$

**Creditor's mailing address**

330 N. Brand Blvd., Ste 700  
Attn: Sprsm, Glendale, CA 91203

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

**Describe the lien**

by unknown entity

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.5** **Creditor's name**  
Dime Community Bank

**Describe debtor's property that is subject to a lien**

UCC-1 Filed 1/17/2019 and 1/29/2019

\$Unknown

\$

**Creditor's mailing address**

300 Cadman Plaza West  
8th Flr, Brooklyn, NY 11201

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Describe the lien**

Blanket Lien

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines

**2.6** **Creditor's name**  
HYG Financial Service Inc.

**Describe debtor's property that is subject to a lien**

UCC-1 Filed 11/3/2016

\$Unknown

\$

**Creditor's mailing address**

PO Box 35701  
Billings, MT 59107

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Describe the lien**

Equipment Lien

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.7** **Creditor's name**  
 Isuza Finance of America

**Describe debtor's property that is subject to a lien**

UCC-1 Filed - 6/29/2019

\$Unknown

\$

**Creditor's mailing address**

2500 Westchester Avenue  
 Purchase, NY 10577

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Describe the lien**

Agreement you made

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines

**2.8** **Creditor's name**  
 Key Equipment Finance

**Describe debtor's property that is subject to a lien**

UCC-1 Filed 8/8/2016 and 10/6/2016

\$Unknown

\$

**Creditor's mailing address**

1000 S. MacCaslin Blvd.  
 Louisville, CO 80027

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Describe the lien**

Equipment Lien

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☐ Yes. The relative priority of creditors is specified on lines

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**2.9** **Creditor's name**  
Machinery Finance Resources LLC

**Describe debtor's property that is subject to a lien**

UCC- 1 Filed 5/2/2018 and 10/3/2018

\$Unknown

\$

**Creditor's mailing address**

aka Bank of the West  
651 Day Hill Road, Windsor, CT 06095

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe the lien**

Equipment Lien

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.10** **Creditor's name**  
Toyota Industries Commercial Finance Inc.

**Describe debtor's property that is subject to a lien**

UCC-1 filed 5/3/2017

\$Unknown

\$

**Creditor's mailing address**

PO Box 35701  
Billings, MT 59107

**Creditor's email address, if known**

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe the lien**

Equipment Lien

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Case number (if known) 19-23480



## Fill in this information to identify the case:

Debtor J.P.R. Mechanical Inc.

United States Bankruptcy Court for the: Southern District of New York

Case number 19-23480  
(If known)

☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

## 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

## 2.1 Priority creditor's name and mailing address

Dime Bank  
300

As of the petition filing date, the claim is: \$ 0.00

Total claim  
Priority amount  
\$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Date or dates debt was incurred

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

Is the claim subject to offset?

- ☐ No  
☒ Yes

## 2.2 Priority creditor's name and mailing address

Signature Bank

As of the petition filing date, the claim is: \$ 0.00

Total claim  
Priority amount  
\$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Date or dates debt was incurred

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

Is the claim subject to offset?

- ☐ No  
☒ Yes

## 2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Total claim  
Priority amount  
\$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( \_\_\_\_\_ )

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> A&I Bronx Realty 41 Maujer Street  Brooklyn, NY, 11206   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 4,712.22
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> Accord Pipe Fabricators Inc. c/o Tesser & Cohen 945 Main Street Hackensack, NJ, 07601   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 221,855.68
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> Accurate Specialty Metals FAB 47-40 Metropolitan Avenue  Ridgewood, NY, 11385   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 11,000.00
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> Action Paper Co., Inc. PO Box 210  Bronx, NY, 10456   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 32,722.15
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> Ade Systems Inc. 150 Albany Avenue  Freeport, NY, 11520   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 1,096,791.25
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> Air Distribution Ent., Inc. 19 Wilbur Street  Lynbrook, NY, 11563   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 1,135.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7 Nonpriority creditor's name and mailing address

Airpath Testing Services, Inc.  
40 Oser Avenue, Ste 8  
  
Hauppauge, NY, 11788

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 120,449.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.8 Nonpriority creditor's name and mailing address

ALBERT WEISS AIR COND.PROD INC  
270 MADISON AVENUE STE 1805  
  
New York, NY, 10016

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 91,150.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.9 Nonpriority creditor's name and mailing address

ALBIREO ENERGY  
PO BOX69049  
  
BALTIMORE, MD, 21264-9049

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 102,025.66

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.10 Nonpriority creditor's name and mailing address

ALL CITY TESTING & BAL CORP.  
2876 MILBURN AVENUE  
  
Baldwin, NY, 11510

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 93,314.77

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3.11 Nonpriority creditor's name and mailing address

ALLFASTENERS USA LLC  
PO BOX 933167  
  
CLEVELAND, OH, 44193

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 12,485.76

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>12</sup>	Nonpriority creditor's name and mailing address Analytical & Combustion Systems 5 Old Town Park Road Unit 93 South End Plaza New Milford, CT, 6776	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 56,924.25
3. <sup>13</sup>	Nonpriority creditor's name and mailing address ANIXTER, INC PO BOX 847428  DALLAS, TX, 75284	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 8,775.00
3. <sup>14</sup>	Nonpriority creditor's name and mailing address ANVIL MECHANICAL INC. 535 SOUTH COLUMBUS AVE  MT. VERNON, NY, 10550	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 852,518.14
3. <sup>15</sup>	Nonpriority creditor's name and mailing address ARESCO INC 304 W. JOHN STREET  HICKSVILLE, NY, 11801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,381.62
3. <sup>16</sup>	Nonpriority creditor's name and mailing address ARLAN DAMPER CORPORATION 1598 LAKELAND AVENUE  BOHEMIA, NY, 11716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 20,049.50

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>17</u>	<b>Nonpriority creditor's name and mailing address</b> ASSOCIATED WATER CONDITIONERS 23 GREEN LANE  SUCCASUNNA, NJ, 7876          Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,300.00</u>
3. <u>18</u>	<b>Nonpriority creditor's name and mailing address</b> ATLANTIC COOLING TECH&SERV LLC 80 KERO ROAD  CARLSTADT, NJ, 7072          Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>377,954.56</u>
3. <u>19</u>	<b>Nonpriority creditor's name and mailing address</b> AUTOMATED LOGIC CONTRACTING P.O. BOX 403257  ATLANTA, GA, 30384          Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>263,396.44</u>
3. <u>20</u>	<b>Nonpriority creditor's name and mailing address</b> AWISCO NEW YORK CORP 55-15 43RD STREET  MASPETH, NY, 11378          Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>296.54</u>
3. <u>21</u>	<b>Nonpriority creditor's name and mailing address</b> AXIS PIPING 4151 BOSTON ROAD  BRONX, NY, 10466          Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>323,492.32</u>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>22</sup> <u>      </u>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 381.06
	BABCOINCORPORATED	Check all that apply.	
	60-10 MAURICE AVENUE	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
	MASPETH, NY, 11378	<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Is the claim subject to offset?	
	Date or dates debt was incurred	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3. <sup>23</sup> <u>      </u>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,002.20
	BACO ENTERPRISES INC.	Check all that apply.	
	1190 LONGWOOD AVE	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
	BRONX, NY, 10474	<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Is the claim subject to offset?	
	Date or dates debt was incurred	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3. <sup>24</sup> <u>      </u>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 6,615.14
	BANNER SALES CO., INC.	Check all that apply.	
	PO BOX 1453	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
	COVINGTON, LA, 70434	<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Is the claim subject to offset?	
	Date or dates debt was incurred	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3. <sup>25</sup> <u>      </u>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,412.41
	BENFIELD ELECTRIC SUPPLY CORP	Check all that apply.	
	25 LAFAYETTE AVENUE	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
	WHITE PLAINS, NY, 10603	<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Is the claim subject to offset?	
	Date or dates debt was incurred	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3. <sup>26</sup> <u>      </u>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 114.01
	BENTLEY SYSTEMS, INC.	Check all that apply.	
	685 STOCKTON DRIVE	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
	EXTON, PA, 19341	<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Is the claim subject to offset?	
	Date or dates debt was incurred	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>27</u>	<b>Nonpriority creditor's name and mailing address</b> BEST MONITORING LTD PO BOX 740451  BRONX, NY, 10474	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 816.56
3. <u>28</u>	<b>Nonpriority creditor's name and mailing address</b> BIMCORP INC 321 WYTHE AVENUE UNIT# 1406  BROOKLYN, NY, 11249	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 22,296.00
3. <u>29</u>	<b>Nonpriority creditor's name and mailing address</b> Bronx Welding Supply Co., Inc. 94 Marine Street  Farmingdale, NY, 11735	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 2,347.46
3. <u>30</u>	<b>Nonpriority creditor's name and mailing address</b> BRUCE SUPPLY CORPORATION 8805 18TH AVENUE  BROOKLYN, NY, 11214	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 107,317.02
3. <u>31</u>	<b>Nonpriority creditor's name and mailing address</b> C & E ENGINEERING, LLC 94 THOMPSON STREET  DUMONT, NJ, 7628	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 4,645.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>32</sup>	Nonpriority creditor's name and mailing address CABLE PLUS 2012 CORPORATE LANE SUITE 116 NAPERVILLE, IL, 60563	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,874.88
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>33</sup>	Nonpriority creditor's name and mailing address CAPITAL HARDWARE/ELGEN MFG. P.O. BOX 62962  BALTIMORE, MD, 21264-2962	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 16,248.24
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>34</sup>	Nonpriority creditor's name and mailing address CARDMEMBER SERVICE PO BOX 790408  ST. LOUIS, MO, 63179-0408	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,690.02
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>35</sup>	Nonpriority creditor's name and mailing address CARRIER NORTHEAST P.O. BOX 33133  NEWARK, NJ, 07188-0133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,414.21
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>36</sup>	Nonpriority creditor's name and mailing address CARTER, MILCHMAN&FRANK INC. 28-10 37TH AVENUE  LONG ISLAND CITY, NY, 11101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 17,687.27
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>37</sup>	Nonpriority creditor's name and mailing address CASSONE LEASING, INC. 19SO LAKELAND AVE.  RONKONKOMA, NY, 11779   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,041.15
3. <sup>38</sup>	Nonpriority creditor's name and mailing address CENTURY WASTE SERVICES LLC P.O. BOX 1109  ELIZABETH, NJ, 07201-1109   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,959.76
3. <sup>39</sup>	Nonpriority creditor's name and mailing address CERCO PRODUCTS INC 127 DALE STREET  WEST BABYLON, NY, 11704   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 11,346.67
3. <sup>40</sup>	Nonpriority creditor's name and mailing address CHASE-VISA CARDMEMBER SERVICES P.O. BOX 1423 CHARLOTTE, NC, 28201-1423   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 38,960.36
3. <sup>41</sup>	Nonpriority creditor's name and mailing address CHEMWORKS FILTRATION INC 31 GEORGE STREET  NEWTON, MA, 2458   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 13,508.50

**Part 2: Additional Page**

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Amount of claim

3. <sup>42</sup>	<b>Nonpriority creditor's name and mailing address</b> CITY OF NY FIRE DEPARTMENT P.O. BOX 412014  BOSTON, MA, 02241-2014	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 315.00
3. <sup>43</sup>	<b>Nonpriority creditor's name and mailing address</b> CLARITY WATER TECHNOLOGIES 404 EAST ROUTE 59  NANUET, NY, 10954	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 35,346.00
3. <sup>44</sup>	<b>Nonpriority creditor's name and mailing address</b> CLIMATEC LLC O/B/A SKYLINE AUT 300 BROAOACRES DRIVE SUITE 400 BLOOMFIELD, NJ, 7003	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 739,782.03
3. <sup>45</sup>	<b>Nonpriority creditor's name and mailing address</b> COLONIAL AMERICAN CASUALTY AND SURETY COMPANY 1299 ZURICH WAY  SHAUMBURG, IL, 60196-1056	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 0.00
3. <sup>46</sup>	<b>Nonpriority creditor's name and mailing address</b> COLONIAL TOOLS & EQUIPMENT 33 COMMERCE STREET  SPRINGFIELD, NJ, 7081	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 209,649.76

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>47</sup> Nonpriority creditor's name and mailing address COLONY HARDWARE CORPORATION PO BOX 21216  NEW YORK, NY, 10087   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 63,920.34
3. <sup>48</sup> Nonpriority creditor's name and mailing address COMMERCIAL CAPITAL CO., LLC 8215 MELROSE DRIVE SUITE 100  LENEXA, KS, 66214-1617   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 357.17
3. <sup>49</sup> Nonpriority creditor's name and mailing address CONEDISON JAFSTATION P.O. BOX 1701 NEW YORK, NY, 10116-1701   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,719.91
3. <sup>50</sup> Nonpriority creditor's name and mailing address CONEDISON JAF STATION P.O. BOX 1702 NEW YORK, NY, 10116   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,892.34
3. <sup>51</sup> Nonpriority creditor's name and mailing address CONTROL ASSOCIATES INC PO BOX 827025  PHILADELPHIA, PA, 19182-7025   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,505.69

**Part 2: Additional Page**

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Amount of claim

3. <sup>52</sup>	<b>Nonpriority creditor's name and mailing address</b> CONTROL SOLUTIONS GROUP 122 WEST 27TH STREET, 5TH FLOOR  NEW YORK, NY, 10001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 24,638.75
3. <sup>53</sup>	<b>Nonpriority creditor's name and mailing address</b> CORE TECH ASSOCIATES CORP. 45-38 162ND STREET  FLUSHING, NY, 11358	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 3,157.38
3. <sup>54</sup>	<b>Nonpriority creditor's name and mailing address</b> DAIKIN APPUED 13600 INDUSTRIAL PARK BLVD ATTN: JEFFREY TACK MINNEAPOLIS, MN, 55441	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 51,494.73
3. <sup>55</sup>	<b>Nonpriority creditor's name and mailing address</b> DELTA CONNECT INC DEP 10 CENTRE DRIVE  MONROE, NJ, 8831	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 394,027.09
3. <sup>56</sup>	<b>Nonpriority creditor's name and mailing address</b> DISTRIBUTION INTERNATIONAL CREDIT REPRESENTATIVE 10942 BEAVER DAM ROAD HUNT VALLEY, MD, 21030	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 176,523.68

**Part 2: Additional Page**

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Amount of claim

3. <sup>57</sup>	<b>Nonpriority creditor's name and mailing address</b> DOLPHIN EQUIPMENT CORP. 629 5TH AVENUE #113  PELHAM, NY, 10803-3710	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 99,802.14
3. <sup>58</sup>	<b>Nonpriority creditor's name and mailing address</b> E-J Electric Installation Co. 46-41 Vernon Blvd. Long Island City, NY, 11101	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 112,398.20
3. <sup>59</sup>	<b>Nonpriority creditor's name and mailing address</b> EAST PARK EXTERMINATING P.O. BOX629  BRONX, NY, 10462-9820	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 631.49
3. <sup>60</sup>	<b>Nonpriority creditor's name and mailing address</b> EASTERN CUTTING CORP. 2281 LIGHT STREET  BRONX, NY, 10466	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 4,137.25
3. <sup>61</sup>	<b>Nonpriority creditor's name and mailing address</b> EASTERN TESTING & INSPECTION, 43 HERKOMER STREET  NEW HYDE PARK, NY, 11040	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 3,330.00

**Part 2: Additional Page**

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Amount of claim

3. <sup>62</sup>	Nonpriority creditor's name and mailing address ECOLINE INC. 41-14 24TH STREET  LONG ISLAND CITY, NY, 11101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 121,203.00
3. <sup>63</sup>	Nonpriority creditor's name and mailing address ELITE CONTROL CONTRACTING INC. 311SOUTH6THAVENUE  MOUNT VERNON, NY, 10550	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 12,900.00
3. <sup>64</sup>	Nonpriority creditor's name and mailing address EMPIRE PUMP & MOTOR 150 WEST 26 STREET  NEW YORK, NY, 10801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 310.29
3. <sup>65</sup>	Nonpriority creditor's name and mailing address ERLIN STEEL OF LONG ISLAND INC 857 N. RICHMOND AVENUE  LINDENHURST, NY, 11757	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 49,295.88
3. <sup>66</sup>	Nonpriority creditor's name and mailing address FDNY 9 MetroTech Center 3rd Floor CDA Unit Brooklyn, NY, 11201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,365.00

**Part 2: Additional Page**

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Amount of claim

3. <sup>67</sup>	<b>Nonpriority creditor's name and mailing address</b> FERGUSON ENTERPRISES P.O. BOX 417592  BOSTON, MA, 02241-7592	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 5,294.86
3. <sup>68</sup>	<b>Nonpriority creditor's name and mailing address</b> FIDELITY AND DEPOSIT COMPANY OF MARYLAND 1299 ZURICH WAY  SHAUMBURG, IL, 60196-1056	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 0.00
3. <sup>69</sup>	<b>Nonpriority creditor's name and mailing address</b> FIDELITY AND DEPOSIT COMPANY OF MARYLAND 600 RED BROOK BLVD. SUITE 600 OWINGS MILLS, MD, 21117	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Credit Card Debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 0.00
3. <sup>70</sup>	<b>Nonpriority creditor's name and mailing address</b> FIRST ACCESS EQUIPMENT 24 D COMMERCE ROAD  FAIRFIELD, NJ, 70004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 1,986.45
3. <sup>71</sup>	<b>Nonpriority creditor's name and mailing address</b> FIVE STAR ELECTRICAL CORP 29-76 NORTHERN BLVD  LONG ISLAND CITY, NY, 11101	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 155,311.06

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Amount of claim

3. <sup>72</sup>	<b>Nonpriority creditor's name and mailing address</b> G.A. FLEET ASSOCIATES, INC. 6 INTERNATIONAL DRIVE, SUITE 210  RYE BROOK, NY, 10573	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 99,650.78
3. <sup>73</sup>	<b>Nonpriority creditor's name and mailing address</b> GENERAL INSULATION COMPANY P.O. BOX 636959  CINCINNATI, OH, 45263	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 6,636.58
3. <sup>74</sup>	<b>Nonpriority creditor's name and mailing address</b> GILBAR INDUSTRIES INC. 5 WEST 19TH STREET  NEW YORK, NY, 10011	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 900,549.95
3. <sup>75</sup>	<b>Nonpriority creditor's name and mailing address</b> GOTHAM PIPE SUPPLY, LLC 18-19 FLUSHING AVENUE  RIDGEWOOD, NY, 11385	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 0.00
3. <sup>76</sup>	<b>Nonpriority creditor's name and mailing address</b> GOTHAM REFINING CHEMICAL CORP. 23-74 48TH STREET  ASTORIA, NY, 11103	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 30,993.37



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Amount of claim

3. <sup>77</sup> Nonpriority creditor's name and mailing address

GRAINGER  
DEPT.839043833  
  
PALATINE, IL, 60038-0001

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 17,697.97

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>78</sup> Nonpriority creditor's name and mailing address

GROUND PENETRATING RADAR SYS  
5217 MONROE STREET  
  
TOLEDO, OH, 43623

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,600.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>79</sup> Nonpriority creditor's name and mailing address

H. WEISS MACHINERY & SUPPLY  
345 DETROIT AVENUE  
  
STATEN ISUND, NY, 10312

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,941.95

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>80</sup> Nonpriority creditor's name and mailing address

HAILEY INSUUTION CORP  
815 ROUTE 25A  
  
ROCKY POINT, NY, 11778

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 470,114.15

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>81</sup> Nonpriority creditor's name and mailing address

HARRISON PUBLISHING HOUSE INC  
POBOX 320-995 INDUSTRIAL PARK RD  
  
LITTLETON, NH, 03561-0320

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,100.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>82</sup> Nonpriority creditor's name and mailing address

HARRY BRAINUM JR. INC.  
360 MCGUINNESS BLVD  
  
BROOKLYN, NY, 11222

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 460,091.84

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>83</sup> Nonpriority creditor's name and mailing address

HIGHWAY SAFETY PROTECTION CORP  
P.O. BOX677  
  
SYOSSET, NY, 11791

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 117,327.15

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>84</sup> Nonpriority creditor's name and mailing address

HILO EQUIPMENT & SERVICES  
1283 College Park Drive  
  
Dover, DE, 19904

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 1,394.57

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>85</sup> Nonpriority creditor's name and mailing address

HORIZON CONTRACING INC.  
96 UKEVILLE ROAD  
  
NEW HYDE PARK, NY, 11040

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 153,275.26

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

3. <sup>86</sup> Nonpriority creditor's name and mailing address

HTS NEW YORK  
ONE PENN PUZA, STE 2828  
  
NEW YORK, NY, 10119

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$ 31,649.97

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

3. <sup>87</sup>	Nonpriority creditor's name and mailing address I & I SYSTEMS INC. 66 TABLE ROCK ROAD  TUXEDO, NY, 10987	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 591,409.37
3. <sup>88</sup>	Nonpriority creditor's name and mailing address IMPERIAL DAMPER & LOUVER LLC 907-911 EAST 141ST STREET PO BOX 541573 BRONX, NY, 10454	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 119,689.25
3. <sup>89</sup>	Nonpriority creditor's name and mailing address Independent Testing& Balancing 254 N Main St  New City, NY, 10956	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 28,805.04
3. <sup>90</sup>	Nonpriority creditor's name and mailing address INDUSTRIAL CONTROLS DIST. DEPARTMENT 116241 P.O. BOX 5211 BINGHAMTON, NY, 13902-5211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 38,371.50
3. <sup>91</sup>	Nonpriority creditor's name and mailing address INDUSTRIAL THREADED PRODUCTS 777 MOUNT AVENUE  WYANDANCH, NY, 11798	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 307,578.28

**Part 2: Additional Page**

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Amount of claim

3. <sup>92</sup>	<b>Nonpriority creditor's name and mailing address</b> INTERNATIONAL ASBESTOS REMOVAL 119 COOPER STREET  BABYLON, NY, 11702	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,653,535.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		
3. <sup>93</sup>	<b>Nonpriority creditor's name and mailing address</b> ISP FUEL SYSTEMS 9 CHRIS COURT SUITE F DAYTON, NJ, 8810	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,508.70
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		
3. <sup>94</sup>	<b>Nonpriority creditor's name and mailing address</b> IT SERVICES LLC 1127 HIGH RIDGE ROAD, #199  STAMFORD, CT, 6905	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,611.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		
3. <sup>95</sup>	<b>Nonpriority creditor's name and mailing address</b> JANSONS ASSOCIATES INC 130 MOZART STREET  EAST RUTHERFORD, NJ, 7073	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 226,608.13
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		
3. <sup>96</sup>	<b>Nonpriority creditor's name and mailing address</b> JBC CHIMNEY INC. 15 DAELL UNE  CENTER EACH, NY, 11720	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 36,381.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____		

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>97</sup>	Nonpriority creditor's name and mailing address JOHN N FEHLINGER CO. 20 VESEY STREET 10TH FLOOR NEW YORK, NY, 10007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 106,358.00
3. <sup>98</sup>	Nonpriority creditor's name and mailing address JOHNS INSULATION INC 96 LAKEVILLE ROAD  NEW HYDE PARK, NY, 11040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 83,126.07
3. <sup>99</sup>	Nonpriority creditor's name and mailing address JOHNSON CONTROLS INC PO BOX 730068  DALLAS, TX, 75373	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 116,221.65
3. <sup>100</sup>	Nonpriority creditor's name and mailing address JOHNSTONE SUPPLY-WOODSIDE 27-01 BROOKLYN QUEENS EXP  WOODSIDE, NY, 11377	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 17.30
3. <sup>101</sup>	Nonpriority creditor's name and mailing address JPR MECHANICAL SERVICES 255 MAIN STREET  NEW ROCHELLE, NY, 10801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 745,220.59

**Part 2: Additional Page**

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Amount of claim

3. <sup>102</sup> Nonpriority creditor's name and mailing address KEY EQUIPMENT FINANCE P.O. BOX 974713  CLEVELAND, OH, 44194   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 18,910.92
3. <sup>103</sup> Nonpriority creditor's name and mailing address KG POWER SYSTEMS 150 LASER COURT  HAUPPAUGE, NY, 11788   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 681.75
3. <sup>104</sup> Nonpriority creditor's name and mailing address KLIMA NEW YORK LLC 425 MCFARLAN RD., STE 209  KENNETT SQUARE, PA, 19348   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 29,502.77
3. <sup>105</sup> Nonpriority creditor's name and mailing address L. WINIK & ASSOCIATES INC. 109 WHITE OAK LANE SUITE 61  OLD BRIDGE, NJ, 8857   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 48,426.50
3. <sup>106</sup> Nonpriority creditor's name and mailing address Libertas Funding LLC 382 Greenwich Ave., Suite 2 Taftville, CT, 06380   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Loan/ Sale of Future Receivables  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown

**Part 2: Additional Page**

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Amount of claim

3. <sup>107</sup>	Nonpriority creditor's name and mailing address LOCAL 282 ANNUITY TRUST FUND 2500 MARCUS AVENUE  LAKE SUCCESS, NY, 11042   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,795.50
3. <sup>108</sup>	Nonpriority creditor's name and mailing address LOCAL 282 JOB TRAINING TRUST 2500 MARCUS AVENUE  LAKE SUCCESS, NY, 11042   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 36.25
3. <sup>109</sup>	Nonpriority creditor's name and mailing address LOCAL 282 PENSION TRUST FUND 2500 MARCUS AVENUE  LAKE SUCCESS, NY, 11042   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,597.08
3. <sup>110</sup>	Nonpriority creditor's name and mailing address LOCAL 282 WELFARE TRUST FUND 2500 MARCUS AVENUE  LAKE SUCCESS, NY, 11042   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,480.00
3. <sup>111</sup>	Nonpriority creditor's name and mailing address LUCE, SCHWAB & KASE, INC. BOX 779 9 GLORIA LANE FAIRFIELD, NJ, 07007-0779   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 66,254.96

**Part 2: Additional Page**

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Amount of claim

3. <sup>112</sup>	Nonpriority creditor's name and mailing address MARKING SERVICES INC. 8265 N FAULKNER ROAD  MILWAUKEE, WI, 53224	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 5,084.08
3. <sup>113</sup>	Nonpriority creditor's name and mailing address Mason Industries 350 Rabro Drive Hauppauge, NY, 11788	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 6,620.00
3. <sup>114</sup>	Nonpriority creditor's name and mailing address MAYER MALBIN CO INC 41-0136TH AVE  LONG ISLAND CITY, NY, 11101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 607,377.67
3. <sup>115</sup>	Nonpriority creditor's name and mailing address MCKINNEY WELDING SUPPLY CO INC 1145 BRONX RIVER AVENUE  BRONX, NY, 10472-3101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 85,969.78
3. <sup>116</sup>	Nonpriority creditor's name and mailing address McNICHOLSCO. PO BOX 101211  ATLANTA, GA, 30392-1211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 0.00



**Part 2: Additional Page**

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Amount of claim

3. <sup>117</sup>	<b>Nonpriority creditor's name and mailing address</b> MECHANICAL TECHNOLOGIES 10 BLOOMFIELD AVE SUITE 6  PINE BROOK, NJ, 7058	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 286,745.75
3. <sup>118</sup>	<b>Nonpriority creditor's name and mailing address</b> MEDCOR, INC. PO BOX 75570  CLEVELAND, OH, 44101-4755	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 165.00
3. <sup>119</sup>	<b>Nonpriority creditor's name and mailing address</b> METRO AIR PRODUCTS 20 WEST 36TH STREET SUITE 700 NEW YORK, NY, 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 28,450.00
3. <sup>120</sup>	<b>Nonpriority creditor's name and mailing address</b> METRO FAB INC. 15 FAIRCHILD COURT  PLAINVIEW, NY, 11803	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 308,826.60
3. <sup>121</sup>	<b>Nonpriority creditor's name and mailing address</b> METROVALVE & ACTUATION 241-02 NORTHERN BLVD. SUITE 203  DOUGLSTON, NY, 11362	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	\$ 123,602.60

**Part 2: Additional Page**

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Amount of claim

3. <sup>122</sup>	<b>Nonpriority creditor's name and mailing address</b> MICROSOL RESOURCES 214 WEST 29TH ST, SUITE 1100 NEW YORK, NY, 10001  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,492.87
3. <sup>123</sup>	<b>Nonpriority creditor's name and mailing address</b> MIDLAND STEEL WHSE. CORP. 1120 LEGGETT AVE BRONX, NY, 10474  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 61,762.85
3. <sup>124</sup>	<b>Nonpriority creditor's name and mailing address</b> MILLER PROCTOR NICKOLAS INC. 2 HUDSON STREET SLEEPY HALLOW, NY, 10591  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 60,564.25
3. <sup>125</sup>	<b>Nonpriority creditor's name and mailing address</b> MJD COMBUSTION SALES 514 MEACHAN AVENUE ELMONT, NY, 11003  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 13,503.02
3. <sup>126</sup>	<b>Nonpriority creditor's name and mailing address</b> MSA SAFETY SALES, LLC 734143 NETWORK PLACE CHICAGO, IL, 60673  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 445.69

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>127</sup>	Nonpriority creditor's name and mailing address MV CONTROLS INC. 111 CANFIELD AVE SUITE A-13  RANDOLPH, NJ, 07869-3007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 184,029.33
3. <sup>128</sup>	Nonpriority creditor's name and mailing address MWSK EQUIPMENT CORP. 350 SEVENTH AVENUE  NEW YORK, NY, 10001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 637,503.88
3. <sup>129</sup>	Nonpriority creditor's name and mailing address NALCO COMPANY LLC PO BOX 70716  CHICAGO, IL, 60673-0716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 47,737.65
3. <sup>130</sup>	Nonpriority creditor's name and mailing address NAPCO COPY GRAPHICS CNTR OF NY PO BOX234  LYNDHURST, NJ, 7071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 21,889.16
3. <sup>131</sup>	Nonpriority creditor's name and mailing address NATIONAL AIR FILTER SVC INC. 74 SAND PARK ROAD  CEDAR GROVE, NJ, 7009	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 6,744.39

**Part 2: Additional Page**

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Amount of claim

3. <sup>132</sup> Nonpriority creditor's name and mailing address NEFCO P.O. BOX 1701  BRIDGEPORT, CT, 06601-1701   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,924.68
3. <sup>133</sup> Nonpriority creditor's name and mailing address NY Plumbing & Wholesale Supply 933 COLUMBUS AVENUE  NEW YORK, NY, 10025   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 155,269.67
3. <sup>134</sup> Nonpriority creditor's name and mailing address NYS Department of Tax Office of Counsel building 9 W A Harriman Campus Albany, NY, 12227   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 447.30
3. <sup>135</sup> Nonpriority creditor's name and mailing address O.T. DELIVERY SYSEMS INC. 18 FORD PRODUCTS RD  VALLEY COTTAGE, NY, 10989   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 39,295.02
3. <sup>136</sup> Nonpriority creditor's name and mailing address ORIFLOW 2125 RANGE ROAD UNIT B  CLEARWATER, FL, 33765   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,040.00

**Part 2: Additional Page**

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Amount of claim

3. <sup>137</sup>	<b>Nonpriority creditor's name and mailing address</b> POTENZA ELECTRICAL CORPORATION 123 BAYVIEW AVENUE  AMITYVILLE, NY, 11701	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3. <sup>138</sup>	<b>Nonpriority creditor's name and mailing address</b> POWER PAK CIVIL & SAFETY 2Z5 N. ROUTE 303, UNIT 108  CONGERS, NY, 10920	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,779.81
3. <sup>139</sup>	<b>Nonpriority creditor's name and mailing address</b> PREMIER INSULATION SERVICES 5929 55th Street  Flushing, 11378	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 334,200.00
3. <sup>140</sup>	<b>Nonpriority creditor's name and mailing address</b> PURITY LABORATORIES INC 1 Maple Avenue unit #5 EAST RUTHERFORD, NJ, 7073	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 483.00
3. <sup>141</sup>	<b>Nonpriority creditor's name and mailing address</b> Quad City Safety, Inc. 5311 Tremont Avenue  Davenport, IA, 52807	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,358.16

**Part 2: Additional Page**

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Amount of claim

3. <sup>142</sup> Nonpriority creditor's name and mailing address Radium 2 SPV#1 LLC 300 RXR Plaza Uniondale, NY, 11556	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Loan/ Sale of Future Receivables  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ Unknown
3. <sup>143</sup> Nonpriority creditor's name and mailing address Radium2 Capital LLC 300 RXR Plaza Uniondale, NY, 11556	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Loan/ Sale of Future Receivables  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ Unknown
3. <sup>144</sup> Nonpriority creditor's name and mailing address RITEWAY INDUSTRIES CORP. 900 Merchants Concourse  Westbury, NY, 11590	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,994.06
3. <sup>145</sup> Nonpriority creditor's name and mailing address ROHAN FRANCIS 24 Claremont Avenue  MT. VERNON, NY, 10550	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,312.50
3. <sup>146</sup> Nonpriority creditor's name and mailing address S.W. ANDERSON SALES 63 DANIEL STREET  FARMINGDALE, NY, 11765	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 280,289.26

**Part 2: Additional Page**

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Amount of claim

3. <sup>147</sup> Nonpriority creditor's name and mailing address SAGE CRE FORMS PO Box 230578  Portland, OR, 97281   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,546.95
3. <sup>148</sup> Nonpriority creditor's name and mailing address SCHNEIDER ELECTRIC 210 Meadowlands Pkwy Suite D Secaucus, NJ, 7094   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3. <sup>149</sup> Nonpriority creditor's name and mailing address SHEETMETAL INDUSTRY PROMOTION Fund of New York City 16 Court Street Ste. 2100 Brooklyn, NY, 11241   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,726,737.56
3. <sup>150</sup> Nonpriority creditor's name and mailing address Siemens Industry 8 Fernwood Road  Florham Park, NJ, 7932   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,000.00
3. <sup>151</sup> Nonpriority creditor's name and mailing address SKYLIFT CONTRACTOR CORPORATION 58-95 MAURICE AVE, LOWER LEVEL  MASPETH, NY, 11378   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 542,875.00

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Amount of claim

3. <sup>152</sup>	<b>Nonpriority creditor's name and mailing address</b> SMALLS ELECTRICAL CONSTRUCTION 63 FLUSHING AVNUE UNIT #338  BROOKLYN, NY, 11205	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 47,594.00
3. <sup>153</sup>	<b>Nonpriority creditor's name and mailing address</b> SMWIA LOC. 28 FUNDS&PLANS 195 MINEOLA BLVD  MINEOLA, NY, 11501	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,076,989.36
3. <sup>154</sup>	<b>Nonpriority creditor's name and mailing address</b> SPX COOLING TECHNOLOGIES, INC. PO BOX 99038  CHICAGO, IL, 60693	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 421.63
3. <sup>155</sup>	<b>Nonpriority creditor's name and mailing address</b> SRS ENTERPRISES INC 14 LEONARDVILLE ROAD  MIDDLETOWN, NJ, 7718	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,765,034.79
3. <sup>156</sup>	<b>Nonpriority creditor's name and mailing address</b> STRESS TECH, INC. 75-07 GLENMORE AVE.  OZONE PARK, NY, 11417	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,500.00



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Amount of claim

3. <sup>157</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 700.00
	STRIKER SHEET METAL 1 MAHAN STREET  WEST BABYLON, NY, 11704	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim:	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>158</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 3,597.50
	Stultz Climate Control 1572 Tilco Drive  Frederick, MD, 21704	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim:	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>159</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,095.00
	SUBCONTRACTORS TRADE ASSOC. 1325 AVENUE OF THE AMERICAS 10TH FLOOR NEW YORK, NY, 10019	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim:	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>160</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 100,119.62
	SUNBELT RENTALS INC. PO BOX 409211  ATLANTA, GA, 30384	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim:	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>161</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 29,413.61
	T&L FABRICATORS, INC 120 DOBBIN STREET  BROOKLYN, NY, 11222	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Basis for the claim:	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3. <sup>162</sup> Nonpriority creditor's name and mailing address T.M. Bier & Assoc. Inc. 79 Hazel Street Glen Cove, NY, 11542	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 176,125.00
3. <sup>163</sup> Nonpriority creditor's name and mailing address TECHNICAL AIR SYSTEMS INC. TEXTURA P.O. BOX 104  NEW VERNON, NJ, 7978	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 30,350.00
3. <sup>164</sup> Nonpriority creditor's name and mailing address THE EAGLE LEASING COMPANY PO BOX 923  ORANGE, CT, 064 77-0923	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 29.06
3. <sup>165</sup> Nonpriority creditor's name and mailing address THE IDEAL SUPPLY COMPANY 445 Communipaw Avenue  Jersey City, NJ, 7304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 410,327.14
3. <sup>166</sup> Nonpriority creditor's name and mailing address THE VMC GROUP 113 MAIN STREET  BLOOMINGDALE, NJ, 7403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 21,513.27

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Amount of claim

3. <sup>167</sup> Nonpriority creditor's name and mailing address TIFFANY LUMBER P.O. BOX 873  SUFFERN, NY, 10901   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 74.01
3. <sup>168</sup> Nonpriority creditor's name and mailing address TOMARCO CONTRACTOR SPECIALTIES 14848 NORTHAM STREET  LA MIRADA, CA, 90638   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 23,546.26
3. <sup>169</sup> Nonpriority creditor's name and mailing address TOWER ENTERPRISES 256 W. 36TH STREET 57TH FLOOR  NEW YORK, NY, 10018   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 17,032.45
3. <sup>170</sup> Nonpriority creditor's name and mailing address TOWER WATER 5 SHIRLEY AVENUE  SOMERSET, NJ, 8873   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 30,106.38
3. <sup>171</sup> Nonpriority creditor's name and mailing address TRANE U.S. INC. P.O. BOX 406469  ATLANTA, GA, 30384-6469   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 164,363.00

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Amount of claim

3. <sup>172</sup> Nonpriority creditor's name and mailing address TRIMBLE INC P.O. Box 203558  Dallas, TX, 75320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 5,879.25
3. <sup>173</sup> Nonpriority creditor's name and mailing address TRIPLES AIR SYSTEMS INC 80 RAYNOR AVENUE  RONKONKOMA, NY, 11779	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 154,624.00
3. <sup>174</sup> Nonpriority creditor's name and mailing address TRISTAN CONTRACTING 21 EAST PULASKI ROAD  HUNTINGTON STATION, NY, 11746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 71,376.65
3. <sup>175</sup> Nonpriority creditor's name and mailing address TURTLE & HUGHES 1900 LOWER ROAD  LINDEN, NJ, 7036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 5,206.33
3. <sup>176</sup> Nonpriority creditor's name and mailing address TVT 2.0 LLC 90 Broad Street, 16th Floor New York, NJ, 10004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Loan/ Sale of Future Receivables  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ Unknown

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>177</sup> Nonpriority creditor's name and mailing address TWINCO SUPPLY CORPORATION PO BOX 1170  GARDEN CITY PARK, NY, 11040   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,774.76
3. <sup>178</sup> Nonpriority creditor's name and mailing address U2 RIGGING & HOISTING, INC. 57 CENTRAL AVE.  FARMINGDALE, NY, 11735   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 110,150.00
3. <sup>179</sup> Nonpriority creditor's name and mailing address ULINE P.O. BOX 88741  CHICAGO ILLINOIS, NY, 60680-1741   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 371.67
3. <sup>180</sup> Nonpriority creditor's name and mailing address UNITED METRO ENERGY 500 KINGSLAND AVENUE  BROOKLYN, NY, 11222   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,506.90
3. <sup>181</sup> Nonpriority creditor's name and mailing address UNITED RENTALS (NORTH AMERICA) UNITED STATES TREASURY PO BOX 100711  ATLANTA, GA, 30384   Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 98,665.88

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>182</sup>	Nonpriority creditor's name and mailing address VENARI SOURCING INC 595 BALTIC AVENUE, 4D  BROOKLYN, NY, 11217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 2,250.00
3. <sup>183</sup>	Nonpriority creditor's name and mailing address VERTIV CORPORATION PO BOX 70474  CHICAGO, IL, 60673	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 123,595.00
3. <sup>184</sup>	Nonpriority creditor's name and mailing address VICON MACHINERY, LLC VIN VAN OSS 1801 ARCTIC AVENUE  BOHEMIA, NY, 11716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 127.52
3. <sup>185</sup>	Nonpriority creditor's name and mailing address WALES DARBY INC. LOCKBOX 9160 PO BOX 70280 PHILADELPHIA, PA, 19176-0280	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 39,880.63
3. <sup>186</sup>	Nonpriority creditor's name and mailing address WALLACE EANNACE ASSOC. INC. P.O. BOX 9121  PLAINVIEW, NY, 11803-9021	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 1,296.10

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>187</sup> Nonpriority creditor's name and mailing address WALLWORK GROUP 9 PATTON DRIVE  WEST CALDWELL, NJ, 7006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 333.38
3. <sup>188</sup> Nonpriority creditor's name and mailing address WALSH-ATKINSON COMPANY INC. 1801 ARTIC AVENUE #B BOHEMIA, NY, 11716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 10,901.77
3. <sup>189</sup> Nonpriority creditor's name and mailing address WASOFF PLUMBING & UTILITY INC 150 MAIN STREET, TRLR 18  ISLIP, NY, 11751	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 600.00
3. <sup>190</sup> Nonpriority creditor's name and mailing address Welby Brady Greenblatt 11 Martine Ave White Plains, NY, 10606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Legal Fees  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 9,655.39
3. <sup>191</sup> Nonpriority creditor's name and mailing address YANNI ELECTRICAL OF WESTCHESTER 551 EAST THIRD STREET  MOUNT VERNON, NY, 10553	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 16,800.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>192</sup> Nonpriority creditor's name and mailing address YORK SCAFFOLD EQUIPMENT CORP 37-20 TWELFTH STREET LONG ISLAND CITY, NY, 11101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 6,856.63
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>193</sup> Nonpriority creditor's name and mailing address ZO-AIR CO., INC. 1337 LINCOLN AVENUE, UNIT 3 HOLBROOK, NY, 11741	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,769.78
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>194</sup> Nonpriority creditor's name and mailing address ZURICH AMERICAN INSURANCE COMPANY 1299 ZURICH WAY SHAUMBURG, IL, 60196-1056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Credit Card Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____		



**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 0.00

5b. **Total claims from Part 2**

5b.

+

\$ 22,962,474.68

5c. **Total of Parts 1 and 2**

5c.

\$ 22,962,474.68

Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**

Debtor name J.P.R. Mechanical Inc.  
United States Bankruptcy Court for the: Southern District of New York  
Case number (If known): 19-23480 Chapter 7

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Office Lease 255 Main Street, 2nd Floor New Rochelle, NY 10801</p> <p>State the term remaining</p> <p>Month to Month</p> <p>List the contract number of any government contract</p>	<p>255 Main Street Realty Corp. 255 Main Street New Rochelle, NY, 10801</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Manufacturing Premises 429-441 E. 164th Street Bronx, NY 10456</p> <p>State the term remaining</p> <p>9-30-2022</p> <p>List the contract number of any government contract</p>	<p>Action Paper Co., Inc. c/o Jonathan Rossman 110 Bennett Avenue, Apt. 4G New York, NY, 10033</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Agreement to Purchase Common Stock of Michael Van Oss Purchaser</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Michael Van Oss 42 Sunshine Avenue Riverside, CT, 06878</p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease: Two Forklifts Lessee</p> <p>State the term remaining</p> <p>11-1-2020</p> <p>List the contract number of any government contract</p>	<p>HYG Financial Services 300 E. John Carpenter Feeway Irving, TX, 75062-2712</p>
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease: Multiple Items Lessee</p> <p>State the term remaining</p> <p>6-1-2023</p> <p>List the contract number of any government contract</p>	<p>Key Equipment Finance 1000 S. McCaslin Blvd. Louisville, CO, 80027</p>

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease: HVAC Plasma Cutting System Lessee</p> <p>State the term remaining</p> <p>7-1-2013</p> <p>List the contract number of any government contract</p>	<p>Machinery Finance Resources, LLC</p> <p>651 Day Hill Road</p> <p>Windsor, CT, 06095</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Finance: Truck Lessee</p> <p>State the term remaining</p> <p>5-1-2022</p> <p>List the contract number of any government contract</p>	<p>Milea Truck Sales Corp.</p> <p>885 E 149th Street</p> <p>Bronx, NY, 10455-5010</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Finance: Trucks Lessee</p> <p>State the term remaining</p> <p>7-8-2021</p> <p>List the contract number of any government contract</p>	<p>BMO Harris Bank NA</p> <p>300 E John carpenter FWY</p> <p>Irving, TX, 75062</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Finance: Trucks Lessee</p> <p>State the term remaining</p> <p>7-1-2023</p> <p>List the contract number of any government contract</p>	<p>Isuzu Finance of America, Inc.</p> <p>2500 Westchester Avenue, Suite 312</p> <p>Purchase, NY, 10577</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Collective Bargaining Agreement</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Local 28- Sheet Metal Workers</p> <p>500 Greenwich Street</p> <p>New York, NY, 10013</p>
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Collective Bargaining Agreement</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Local 282 International Brotherhood of Teamsters</p> <p>2500 Marcus Avenue</p> <p>New Hyde Park, NY, 11042</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Collective Bargaining Agreement</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Local 638 Steamfitters</p> <p>27-08 40th Avenue., 4th Floor</p> <p>Long Island City, NY, 11101</p>

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Manufacturing Premises 434 E. 165th Street Bronx, NY 10456 100000 8-30-2021</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>A&amp;I Bronx Realty 41 Maujer Street Brooklyn, NY, 11206</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Finance: Trucks Lessee</p>	<p>BMO Harris Bank NA 300 E John carpenter FWY Irving, TX, 75062</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease: Copier Lessee</p>	<p>Cannon Solutions America Inc. One Canon Park Melville, NY, 11747</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Finance: Trucks Lessee</p>	<p>BMO Harris Bank 30 E. John Carpenter Freeway Irving, TX, 75062-2712</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease: 3 copiers Lessee</p>	<p>Commercial Capital Company LLP 8215 Melrose Dr., Ste. 100 Lenexa, KS, 66214-1617</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.____	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.____	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	

## Fill in this information to identify the case:

Debtor name J.P.R. Mechanical Inc.United States Bankruptcy Court for the: Southern District of New YorkCase number (If known): 19-23480☐ Check if this is an amended filing

## Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☐ Yes2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

## Column 1: Codebtor

## Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

2.1

☐ D  
☐ E/F  
☐ G

2.2

☐ D  
☐ E/F  
☐ G

2.3

☐ D  
☐ E/F  
☐ G

2.4

☐ D  
☐ E/F  
☐ G

2.5

☐ D  
☐ E/F  
☐ G

2.6

☐ D  
☐ E/F  
☐ G

**Fill in this information to identify the case and this filing:**

Debtor Name J.P.R. Mechanical Inc.  
United States Bankruptcy Court for the: Southern District of New York  
Case number (If known): 19-23480

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/07/2019  
MM / DD / YYYY

X /s/ Timothy Schmidt  
Signature of individual signing on behalf of debtor

Timothy Schmidt

Printed name

President

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name J.P.R. Mechanical Inc.  
United States Bankruptcy Court for the: Southern District of New York  
Case number (if known): 19-23480

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From 01/01/2019 to Filing date  
MM / DD / YYYY

☒ Operating a business  
☐ Other

\$ 67,623,667.00

**For prior year:**

From 01/01/2018 to 12/31/2018  
MM / DD / YYYY

☒ Operating a business  
☐ Other

\$ 115,046,119.00

**For the year before that:**

From 01/01/2017 to 12/31/2017  
MM / DD / YYYY

☒ Operating a business  
☐ Other

\$ 84,945,281.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For prior year:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For the year before that:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

✓ Check run to be provided

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☑ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name		\$	
Relationship to debtor			
4.2. Insider's name		\$	
Relationship to debtor			



Debtor J.P.R. Mechanical Inc.  
Name

Case number (if known) 19-23480

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	 Creditor's name			\$
5.2.	 Creditor's name			\$

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

	Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
	Dime Bank Creditor's name 300	Failure to release funded payroll	08/16/2018	\$ 400,000.00

Last 4 digits of account number: XXXX-

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	Workers Comp Cases		To Be Provided	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
7.2.	Verdus Corporaiton d/b/a Hays v. J.P.R. Mechanical Inc. d/b/a JPR Mechanical		Supreme Court of the State of New York	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
	58435/2019			

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
	Case title	Court name and address
	Case number	Name
	Date of order or assignment	

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Recipient's relationship to debtor			

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Kirby Aisner & Curley LLP			\$ 10,000.00
	Address			
	700 Post Road Suite 237 Scarsdale, NY 10583			
	Email or website address			
	www.kacllp.com			
	Who made the payment, if not debtor?			
	Timothy Schimt			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$
	Address			
	Email or website address			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
Trustee			

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

### 13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

### Part 7: Previous Locations

#### 14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically  
☐ Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically  
☐ Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.  
☐ Yes. State the nature of the information collected and retained.

Does the debtor have a privacy policy about that information?

- ☐ No  
☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.  
Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.  
☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
	EIN:

Has the plan been terminated?

- ☐ No  
☐ Yes

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$
18.2.	Name	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
Address			

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
Address			

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Description of the property	Value
Various Customers Name		The debtor is holding property paid for by certain customer. A detailed list is in the Trustee's possession	\$ 0.00

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No  
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
			<input type="checkbox"/> Pending
Case number	Name		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _____ Dates business existed From _____ To _____
25.2. Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
25.3. Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____



Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. Joseph M . Sciacca CPA Name 23 Willis Avenue, Syosset, NY 11791	From _____ To _____

Name and address	Dates of service
26a.2. _____ Name	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name	

Debtor

J.P.R. Mechanical Inc.

Name

Case number (if known) 19-23480

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

26d.1.

Name

**Name and address**

26d.2.

Name

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of  
inventory**

**The dollar amount and basis (cost, market, or  
other basis) of each inventory**

\_\_\_\_\_  
\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.2.

Name

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Timothy Schmidt	1 Mortar Rock Road, Westport, CT 06880	President	100%

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

☐ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Timothy Schmidt Name 1 Mortar Rock Road Westport, CT 06880	To be Provided		-Salary
Relationship to debtor			
President			

Debtor J.P.R. Mechanical Inc. Case number (if known) 19-23480  
Name

Name and address of recipient

30.2

Name

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/07/2019  
MM / DD / YYYY

X

/s/ Timothy Schmidt

Printed name Timothy Schmidt

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No  
☒ Yes

Debtor Name J.P.R. Mechanical Inc.

Case number *(if known)* 19-23480

**Continuation Sheet for Official Form 207**

**6) Setoffs**

**Signature Bank**

**\$180,000.00**